

Safety Information on a Contractor/Subcontractor

Name of Subcontractor _____

UBI: _____

Project: _____ Date: _____

Who will be your point of contact for job site safety on this project?

Name: _____

Office phone: _____ Cell phone: _____

How often will this person conduct project safety inspections? _____

How often will this person conduct crew safety meetings? _____

How do you plan to address hazards that you anticipate on this job site?

[If the subcontractor has questions about how to do this, show them examples of a [Job Hazard Analysis](#) from this book.]

Attach a printout from L&I showing your company's Industrial Insurance Experience Factors for the three most recent years:

200_

200_

200_

Has your company received any WISHA consultations or compliance inspections during the past five years? If so, how many times?

Did your company receive any citations as a result of the inspections? If so, please list them and the severity factor that was assigned to each.

Please attach a copy of your company's Accident Prevention Plan to this form.